



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
DATAMASTER MAINTENANCE REPORT

RECEIVED  
DHSS Breath Alcohol Program  
By Carol Day at 1:03 pm, Mar 03, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN <b>201306</b>	DATE OF INSPECTION <b>3-1-10</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>2620 W. BATTLEFIELD, SPRINGFIELD MO. 65807</b>	TIME OF INSPECTION <b>1320</b>

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <b>48 °C</b>	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE <b>1320 / 3-1-10</b>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C) <b>34 °C</b>	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 <input checked="" type="checkbox"/> <b>.102 %</b>	TEST 2 <input checked="" type="checkbox"/> <b>.103 %</b>	TEST 3 <input checked="" type="checkbox"/> <b>.100 %</b>
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)	

REFUSALS <input checked="" type="checkbox"/>	(0-.04) <input checked="" type="checkbox"/>	(.05-.09) <input checked="" type="checkbox"/>	(.10-.14) <input checked="" type="checkbox"/>	(.15-.19) <input checked="" type="checkbox"/>	(Over .19) <input checked="" type="checkbox"/>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

**MEETS DEPARTMENT OF HEALTH STANDARDS. REPCO .100 %  
SOLUTION. LOT # 08002, EXPIRES 10-13-2010**

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME <b>SHAWN CLAWSON</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>820216 / 7-23-2010</b>	TELEPHONE NUMBER <b>(417) 864-1810</b>

## CERTIFICATE OF ANALYSIS


Random samples of lot number 08002 of Alcohol Certified Solution for simulator were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1209 gms/dl wt. /vol. ethyl alcohol.

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

When used in a calibrated simulator, operating at 34 c +/- .2 c, this solution will give an alcohol breath test instrument reading of .100 percent BAC +/- 2% or .002 BAC ( whichever is greater).

The expiration date for this lot number is October 13, 2010 at 11:59PM.

This document is a true representation of the original Certificate of Analysis.

  
Cecil B. Garner, President  
RepCo Marketing, Inc.

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
SPRINGFIELD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201306

03/01/10

13:20

## --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 48c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

## PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGH  
IJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~

Operator Signature

Printed on recycled paper with agri-based inks

CMSU 2

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
SPRINGFIELD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201306

03/01/10

TESTING OFFICER:

CLAWSON

OFFICER I.D.: 1226

PERMIT NUMBER: 820216

EXPIRATION DATE: 07/23/10

MISCELLANEOUS DATA:

CAL CHECK

## --- SUPERVISOR MODE ---

BLANK TEST	.000	13:26
INTERNAL STANDARD	VERIFIED	13:26
EXTERNAL STANDARD	.102	13:27
BLANK TEST	.000	13:28
EXTERNAL STANDARD	.103	13:29
BLANK TEST	.000	13:29
EXTERNAL STANDARD	.100	13:30
BLANK TEST	.000	13:31

N = 3

SIM. = .1

AVG. = .1016

Operator Signature

Printed on recycled paper with agri-based inks

CMSU 2208-02

Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

STATE OF MISSOURI  
SPRINGFIELD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201306  
03/01/10

ARREST TIME: 13:00

SUBJECT NAME:

RFI/TEST

DOB: 11/11/11 SEX: M

STATE/D.L.: MO/123456789

ARRESTING OFFICER:

CLAWSON

OFFICER I.D.: 1226

TESTING OFFICER:

CLAWSON

OFFICER I.D.: 1226

PERMIT NUMBER: 820216

EXPIRATION DATE: 07/23/10

MISCELLANEOUS DATA:

RFI TEST

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

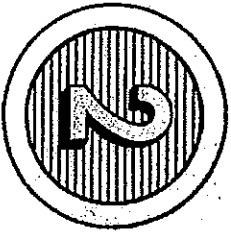
Operator Signature

Printed on recycled paper with agri-based inks

CMSU 2208-02

State of Missouri  
DEPARTMENT OF HEALTH

P E R M I T  
TYPE II



SHAWN CLAWSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER;INTOXLYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

07/23/08

Date

820216

Number

07/23/2010

Expires

MO 580-0771 (7-89)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)